



PLAN OVERVIEW

AccessWV is a health plan created by West Virginia state statute to provide health insurance to West Virginians who have been unable to find or have been denied health insurance in the private market because of a medical condition. It also provides coverage to people who are eligible under the Federal Health Insurance Portability and Accountability Act or under the IRS Health Coverage Tax Credit Program.

AccessWV began operations on July 1, 2005 and coverage for the first enrollees begins on August 1. To receive a copy of the Application Packet, please call our office at 304-558-8264 or 1-866-445-8491; or visit our website at www.AccessWV.org for more information about our plan.

People who are eligible for the insurance coverage include those who:

- Have been a resident of West Virginia for at least 30 days; and
- Are not eligible to receive coverage under a group insurance plan offered either by their employer or their spouse's; and
- Are not eligible for medical coverage under a federal or state program including Medicare, Medicaid, WVCHIP; and
- Are not residents of a public institution (i.e. a federal or state correctional institution or a Veteran's home).

They must also have experienced at least one of the following:

- Been rejected for health insurance by a carrier selling health insurance in West Virginia within the last six months; or
- Received coverage from a carrier selling health insurance in West Virginia that offers less coverage or similar coverage at a greater price than AccessWV; or
- Become eligible under the Health Care Tax Credit (HCTC) Program (TAA, ATAA, PBGC) or HIPAA; or
- Have one of the conditions listed below:

Cardiovascular

- ☐ Aneurysm
- ☐ Angioplasty
- ☐ Bypass Surgery
- ☐ Congestive Heart Failure
- ☐ Coronary Artery Disease
- ☐ Heart Attack
- ☐ Heart Valve Replacement
- ☐ Pacemaker Implant
- ☐ Thrombophlebitis
- ☐ Valvular Disease

Endocrine/Exocrine System

- ☐ Diabetes

Gastrointestinal

- ☐ Cirrhosis of the Liver
- ☐ Crohn's Disease
- ☐ Ulcerative Colitis
- ☐ Hepatitis C

Immunological

- ☐ AIDS
- ☐ AIDS Related Complex
- ☐ HIV Positive Status
- ☐ Rheumatoid Arthritis
- ☐ Systemic Lupus

Kidney

- ☐ Dialysis
- ☐ Renal Failure

Musculoskeletal

- ☐ Herniated/Degenerative Disc
- ☐ Joint Replacement
- ☐ Marfan's Syndrome
- ☐ Muscular Dystrophy
- ☐ Spina Bifida Occua
- ☐ Spinal Disorders

Neurological

- ☐ Alzheimer's Disease
- ☐ Cerebral Palsy
- ☐ Down's Syndrome
- ☐ Parkinson's Disease
- ☐ Stroke
- ☐ Myasthenia Gravis
- ☐ Multiple Sclerosis
- ☐ Paralysis

Psychiatric

- ☐ Psychosis
- ☐ Attempted Suicide

Pulmonary

- ☐ COPD
- ☐ Cystic Fibrosis
- ☐ Emphysema

Other

- ☐ Hemophilia
- ☐ Infertility Treated with Medications
- ☐ Infertility: In Vitro or GIFT
- ☐ Pregnancy
- ☐ Applicant has been advised to have surgery that has not yet been performed
- ☐ All cancerous conditions within the first five years except Basal Cell (skin) Cancer

BENEFIT PLAN OPTIONS

Enrollees are able to apply for one of three different benefit plans under AccessWV; a brief description of each of the plans is outlined below. Please see “AccessWV Summary of Benefits” online at www.AccessWV.org for a more complete description of what is covered.

Medical Benefit Description		Plan A	Plan B	Plan C
Annual deductible	Single In-Network	\$ 400	\$ 800	\$ 2,000
	Family In-Network	\$ 800	\$ 1,600	\$ 4,000
	Out-of-Network	\$ 1,600	\$ 3,200	\$ 8,000
Annual out-of-pocket maximum	Single In-Network	\$ 2,000	\$ 2,500	\$ 3,000
	Family In-Network	\$ 4,000	\$ 5,000	\$ 6,000
	Out-of-Network	\$ 8,000	\$ 10,000	\$ 12,000
Annual Benefit Maximum		\$ 200,000	\$ 200,000	\$ 200,000
Lifetime Benefit Maximum		\$1,000,000	\$1,000,000	\$1,000,000
Prescription Drug Benefit Description				
Deductible	Individual	\$ 200	\$ 400	\$ 1,000
	Family	\$ 400	\$ 800	\$ 2,000
Generic	In-Network	\$5		
	Out-of-Network	\$5 + \$3 Out-of-Network copay		
Formulary brand necessary	In-Network	\$15		
	Out-of-Network	\$15 + \$3 Out-of-Network copay		
Brand requested by patient	In-Network	\$5 + full cost difference from generic		
	Out-of-Network	\$5 + \$3 Out-of-Network copay + full cost difference from generic		
Non-Formulary	In-Network	\$30		
	Out-of-Network	\$30 + \$3 Out-of-Network copay		
Maintenance medication discount	In-Network	90-day supply for 2 months copay in mail order program Retail Maintenance Network; some restrictions apply		
	Out-of-Network	No discount available		
Annual benefit maximum		\$ 25,000	\$ 25,000	\$ 25,000
Out-of-pocket maximum	Individual	\$ 2,000	\$ 2,000	\$ 2,000
	Family	\$ 4,000	\$ 4,000	\$ 4,000
Other details		Preferred drug list with mandatory generics		

Note: Some enrollees will be subject to a 6-month pre-existing condition waiting period before claims for services related to their health condition will be paid by the plan.

PREMIUMS

Premiums for AccessWV are based on the age and gender of the applicant and the geographic area where the applicant resides. Please see the “AccessWV Monthly Premiums” online at www.AccessWV.org for specific premiums.